

June 26, 2020 1:00 – 4:00 PM
Appropriations Committee Informational Hearing
Follow up Questions

1. What are DPH's plans to expand COVID testing, such as seeking an Executive Order (*ala* the establishment of "Temporary Nurse Aides") to allow dentists to perform testing?

DPH has formed a small internal working group to discuss this since it is not within a dentist's scope of practice to order the test.

2. Provide details on Temporary Nurse Aides and their purpose.

Authorization for the temporary nurse aide (TNA) position is durational and is a means to supplement the health care workforce. It will sunset when the emergency declarations expire. The TNA must complete an eight-hour training and have a competency evaluation done at the facility prior to their working with residents/patients. They will be paid through the facilities that employ them and will be assigned in accordance with the role that each facility has established, however, they are not permitted with the current certificate of completion to care for individuals with COVID-19. 35 people have completed the TNA training.

3. When will drive-up testing sites be available?

Drive up testing sites are currently available at acute care hospitals and CVS locations.

4. What is DPH's plan to encourage the robust resumption of preventable childhood disease vaccination, and "catch up" kids that have fallen behind schedule?

Pediatric outpatient visits and routine childhood vaccination have declined substantially during the COVID-19 pandemic, leaving children and communities at risk for outbreaks of vaccine-preventable diseases.

In response, the CT DPH Immunization Program has supported immunization providers through activities including:

- Communicating and sharing with CT Vaccine Program/pediatric providers best practices during COVID-19 for immunization and alternate strategies for immunization visits: <https://portal.ct.gov/DPH/Immunizations/CVP---Information-for-Providers>.
- Posting to social media platforms to promote vaccine catch up, such as the American Academy of Pediatrics (AAP) campaign #CallYourPediatrician.
- Sharing resources and social media toolkits with local Immunization Action Plan (IAP) contractors who conduct outreach and education to raise immunization rates.
- Reviewing CT Vaccine Program (CVP) ordering trends and responding to media requests about this data.

- Sending a letter to school superintendents, school nurses, and school medical advisors regarding back to school and immunization requirements.
- Surveying CVP providers about the impact of COVID-19 and its impact on immunization services.
- Sending a letter to members of the CT Chapter of the AAP encouraging providers to onboard with CT WiZ (statewide Immunization Information System) as a strategy for real-time reporting and utilizing reminder recall reports.
- Continuing to onboard providers for HL7 electronic data exchange of immunization information to CT WiZ.
- Promoting reminder recall reports and training to CVP providers on the CT WiZ training website: <https://portal.ct.gov/DPH/Immunizations/CT-WiZ-Patient-Management>.
- Sharing AAP and CDC messaging/webinars/resources on routine catch up.
- Joining CT Statewide Immunization Workgroup (meeting bi-weekly starting 6/26/20) on discussing opportunities to reach parents where they are, reminding parents to take children to the pediatrician, and providing immunizations in non-clinical settings to catch up children on routine immunizations

4. Provide a breakout of all DPH federal COVID-related funding with a description of its purpose.

Please see the attached appendix.

5. Provide information on why some nursing homes were more successful than others in weathering the initial onslaught of the virus in Connecticut.

Governor Lamont has called for an independent review of the COVID-19 response in nursing homes, which will provide a detailed explanation of why some home nursing homes were more successful than others at implementing infection control measures to contain the spread of the virus.

6. Are municipal and district health departments receiving adequate funding to handle the additional pandemic workload? Please describe.

Please refer to answer provided to question 3 on pages 8 and 9.

7. How will pairing nursing homes with testing site "partners" result in better patient outcomes, and enhanced data procurement?

Providing each facility with a designated Care Partner will allow for regular and consistent testing of nursing home staff and residents. Please follow this link for details on the testing process: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Nursing-Home-Staff-and-Resident-Testing.pdf>. Please follow this link to view the Care Partner assignments: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast->

[Faxes/2020-55-and-up/Blast-Fax-2020-71-Nursing-Home-Staff-Testing-Care-Partner-Assignments.pdf](#).

Please follow this link to view the testing algorithms: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-76-Testing-Algorithms.pdf>.

8. In total, how much have nursing homes, and other facilities, been fined for citations, both in FY 19 and FY 20, related to the pandemic, by DPH?

Citations related to COVID Infection Control Surveys:

2020-13 – Whispering Pines – issued May 12, 2020 for \$5,000

2020-14 – Apple Rehab West Haven – issued May 22, 2020 for \$5,000

2020-16 – Regalcare at Southport – issued May 26, 2020 for \$2,000

2020-17 – Bethel HCC – issued May 27, 2020 for \$2,520

2020-18 – Regalcare at Southport – issued May 28, 2020 for \$1,000

2020-19 – Essex Meadows HC – issued Jun 1, 2020 for \$720

2020-20 – Windsor Health & Rehab – issued June 3, 2020 for \$10,000

2020-21 – Orchard Grove Specialty Care Center – issued June 24, 2020 for \$10,320

9. Please provide a summary of all funding and supports for contact tracing.

Funding Summary:

DPH has submitted an application for the Epidemiology and Laboratory Capacity Cooperative Agreement to the CDC for “ELC Enhancing Detection” supplemental funding. Notification from the CDC about the status of the state’s application is expected during the week of August 3, 2020. Amounts proposed within the submitted application for activities related to contact tracing for the are outlined below.

Staffing - \$28,088,400

Establish, implement, and administer a contact tracing staffing function for the state of Connecticut. The identified vendor will be responsible for recruiting, on-boarding, scheduling, and supervising a team of contact tracers including volunteers and potentially paid staff (approximately 700 total) who will support DPH and the 64 independent local health departments and districts. The vendor will develop protocols on how volunteers will be screened, selected, and retained; monitor their progress; and work with community resource coordinators to ensure effective coordination with contact tracing efforts.

Contact Tracing Local Health Partnerships - \$10,000,000

Funds are proposed to support partnerships with LHDs to establish and enhance case investigation and contact tracing for COVID-19/SARS-CoV-2. Connecticut's COVID-19 contact tracing program is built on this LHD foundation, with the state providing flexible surge support to further reduce the incidence of COVID-19 and respond to a second or third

pandemic wave if needed. These funds will provide LHDs with the support needed to conduct case investigations and contact tracing, including contact elicitation/identification, contact notification, and contact follow-up; and assist with wrap around services at the local level in coordination with state agencies. This will be done by hiring staff and working with volunteers at the local level. LHD activities will include traditional contact tracing and/or proximity/location-based methods, as well as methods adapted for high-risk populations and congregate settings in their jurisdictions.

COVID Resource Coordinators - \$3,600,000

Funds are proposed to support COVID Resource Coordinators who will provide short term case management to COVID cases and their contacts who are at risk of noncompliance with quarantine and isolation due to limited or absent resources, specifically: housing, food, and safety.

Community Health Worker Outreach - \$2,000,000

Funding will be provided to public health partners to support hiring of Community Health Workers to assist with testing outreach, contact tracing and connecting to community resources. These individuals will work alongside contact tracers and with community organizations to help get people tested. DPH will follow state procurement guidelines in providing these funds to public health partners or other agencies to support this effort.

Contract Tracing – Telephony System - \$550,000

RingCentral will provide a statewide telephony system to allow for a central phone line to disburse incoming calls to appropriate health regions and provide a common recognizable caller ID for contact tracer phones.

Interpretation Services (Language Link) - \$20,000

To serve as an interpreter service for contact tracers. It is imperative that we can communicate with COVID-19 confirmed positive cases and their identified contacts when first connected via phone. If the individual does not speak English or prefers to speak in another language, we need to be able to immediately, without arranging to call back, connect with an interpreter and conference them in to continue the work of contact tracing. Language Link affords us this ability.

Translation - \$2,500

The scripts used to guide the contact tracers when conducting interviews are currently in English. Bilingual contact tracers need the scripts written in Spanish to eliminate the possible scenario in which they would translate as they interview; standardization is needed. All scripts will be translated into Spanish.

Lexus Nexus - \$1,000

The information provided to contact tracers via the contact tracing database, or “ContaCT,” is not always complete, e.g. it may not have a phone number or address. This slows down or prevents altogether the work of the contact tracers. A method of correction is to utilize “data cleaning”. Lexus Nexus is used to populate the missing data, thus enabling the work of contact tracers.

10. The firm moving forward for consideration for the independent nursing home response study - are they from Connecticut?

[Mathematica Policy Research](#) is not based in CT. Most companies that responded to the RFP were ones with which DPH had an existing relationship, having the potential for conflict of interest. The state needed to retain a company that did not have the potential for bias in working with DPH. Mathematica has the length, breadth and professional acumen to get the study done.

According to the [signed contract](#), Mathematica Policy Research will:

- Assess the overall impact of the COVID-19 pandemic in Connecticut, compared to other states in the region and the country;
- Assess the overall impact of the COVID-19 pandemic throughout nursing homes and assisted living facilities and their preparation/response to the virus;
- Identify significant circumstances that may have favorably or unfavorably impacted the severity of outbreak, including but not limited to:
 - Timeliness of response in comparison to the progression of the outbreak
 - Confirmed cases by age/race/ethnicity
 - Confirmed deaths by age/race/ethnicity
 - Rate of transmission within the facility
 - Staffing challenges
 - Availability of PPE
 - Availability of testing
 - Staff expertise and skill levels
 - Establishment of COVID Recovery Facilities
 - Funding enhancements
 - Communication and coordination issues with other parts of the healthcare system, such as hospitals
 - Other systemic issues and other epidemiology issues
- Identify and describe industry best practices displayed during the pandemic response

- Review and complete an overall assessment of state response to the pandemic in nursing homes and assisted living facilities in Connecticut. Specific areas to assess will include, but will not be limited to:
 - Regulatory framework, including infection control, survey and certification
 - Guidance
 - Payment policies
 - Communication
 - Data availability and reporting
 - Availability of testing and PPE
 - Any other relevant topic

Mathematica Policy Research is expected to conduct its review by analyzing data, and through interviews/consultation with the Departments of Public Health and Social Services, members of the legislative and executive branch, residents and families, long-term care facility experts, and long-term care facility staff. The contractor will develop a report that synthesizes findings that emerge throughout the project and offers policy and programmatic recommendations for the Governor and Legislative Leaders. Mathematica will be compensated approximately \$450,000.

11. A budget letter that came out last week that proposes \$860,000 in cuts to DPH. Can you absorb this?

In compliance with Section 4-66 of the General Statutes, the Office of Policy and Management furnishes to the Office of the State Comptroller, on or before the twentieth day of each month, a monthly statement of revenues and expenditures for the General Fund. The monthly statement provided on June 19, 2020, identified a projected General Fund lapse for DPH of slightly less than \$860,000 for the fiscal year ending June 30, 2020.

12. Are we issuing fines for nursing homes that violated guidance?

Survey reports can be found here:

<https://www.elicense.ct.gov/lookup/onlinereportexecute.aspx?QUERYIDNT=25331>.

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13. How many citations have been vacated in the last two years?

Since 2019, the following citations have been vacated:

2020-01 - Regalcare of Waterbury
2019-25 - Pomperaug Woods, Inc.
2019-41 - Hebrew Center for Health
2019-45 - The Villa at Stamford

14. Does DPH oversee school nurses? Legislators would like to see a standard policy for nurses in school system for school reopening in the fall.

DPH licenses nurses as practitioners, many of whom work in licensed health care facilities, e.g. outpatient clinics, such as a school based health center. K-12 school reopening guidance is in the process of being finalized.

15. When will the contact tracing system be available in other languages?

The state has secured telephonic interpretation services. Our scripts have been translated into Spanish. Additionally, telephonic interpretation of over 240 languages is available via Language Link to DPH staff and student volunteers. The department is exploring the extent to which this can be shared with LHDs.

We are still working to develop and offer electronic monitoring (text) to Spanish speaking residents. As of now, we do not anticipate that we will be able to offer this option in other languages.

16. Are Sunrise staff being tested?

Sunrise is an assisted living facility. Testing for staff in assisted living and managed residential communities began to be rolled out the week of June 28, 2020, in accordance with [Executive Order 7AAA](#), which replaced EO 7UU.